

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received

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Please type or print in ink.		
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
NARAYAN	SHAY (SHALESH)	PRAKASH
1. Office, Agency, or Court		
Agency Name (Do not use acronyms) CITY OF ELK GROVE		
Division, Board, Department, District, if applicable		Your Position
FINANCE		BUDGET MANAGER
▶ If filing for multiple positions, list below or on a	n attachment. (Do not use a	acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least of	ne box)	
State		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of ELK GROVE		Other
3. Type of Statement (Check at least one is	havi	
Annual: The period covered is January 1, 2 December 31, 2022.		Leaving Office: Date Left 09 / 08 / 2023 (Check one circle.)
The period covered is/	_/, through	The period covered is January 1, 2022, through the date of leaving officeor-
Assuming Office: Date assumed/_		☐ The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sought, if	different than Part 1:
4. Schedule Summary (required)	► Total number of	f pages including this cover page:
Schedules attached		
Schedule A-1 - Investments – schedule a		Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments – schedule a	macried	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property – schedule a	ttached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- None - No reportable interests o	n anv schedule	
5. Verification	in any concession	
MAILING ADDRESS STREET	CITY	STATE ZIP CODE
(Business or Agency Address Recommended - Public Documer 8401 LAGUNA PALMS WAY	tt) ELK GR	OVE CA 95758
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(916) 478-2232		snarayan@elkgrovecity.org
I have used all reasonable diligence in preparing the herein and in any attached schedules is true and	nis statement. I have reviewe	ed this statement and to the best of my knowledge the information contain
I certify under penalty of perjury under the law	s of the State of California	that the foregoing is true and correct.
Date Signed 9/1/2023	Sign	nature Shuled Muny
(month, day, year)		(File the originally signed paper statement with your filing official.)